

CITY of MUSCATINE
EMPLOYMENT APPLICATION
HUMAN RESOURCES DEPARTMENT, CITY HALL
215 SYCAMORE STREET
MUSCATINE, IOWA 52761-3899
(563) 264-1550



It is the policy of the City of Muscatine not to discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, ancestry, religion, age, political affiliation, or disability. The City is an EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER, and recognizes the requirements of THE AMERICANS WITH DISABILITIES ACT. The City of Muscatine has also made a strong commitment to employees and the public to provide a safe and drug-free work environment through the implementation of a DRUG AND ALCOHOL TESTING PROGRAM.

The City of Muscatine requires a separate application for each available position. Applications are only accepted for posted vacancies.

TODAY'S DATE

2-3-06

Position you are applying for:

Refuse Truck Driver I

All questions must be answered in full. Resumes will not be accepted in place of completing this form but may be attached, if desired. False statements or misrepresentation on this application shall be considered grounds for disqualification, discipline, or termination.

NAME (Last, First, Middle)

Smock Michael L

Social Security Number

484-84-2036

Number and Street, R.F.D., or P.O. Box Number

2141 Hwy #6

Home Phone

563-649-2230

City, State and Zip Code

Ata lissa Iowa 52220

Additional Phone Contact

319-321-7101

Date Available for employment 2-15-06

Are you 18 years or older? ☒ Yes ☐ No

Check the type of work you would be seeking:

☒ Full-Time Regular

☐ Full-Time Temporary

☒ Part-Time Regular

☐ Part-Time Temporary

☐ Summer

If you have relatives presently employed with the City of Muscatine . . .

List Name: _____ Dept. _____

Relationship to you: _____

Are you a veteran of the United States Military Service?

☐ Yes

☒ No

Are you claiming Veteran's Preference in employment?

☐ Yes

☒ No

(If yes, copy of military form DD-214 must be included with application)

Date of duty: From _____ To _____ Type of Discharge _____
Mo. Day Yr. Mo. Day Yr.

Have you ever been convicted for an offense other than a traffic violation? ☐ Yes ☒ No

If yes, please explain _____

Are you fluent in any language other than English?

☐ Yes

☒ No

If yes, which language(s) _____

DEF EXHIBIT

MS 262

To properly evaluate your application, we need information concerning your education, skills and trades you have acquired in addition to your work record. Please answer all questions as completely as possible.

EDUCATION

Are you a high school graduate or equivalent? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If not, last grade completed:			
Names of educational institutions attended	Location	Degree/Major	Year Graduated
West Liberty High School	West Liberty		1984

TRAINING and SPECIAL SKILLS

List any special training (vocational school, short courses, special seminars, business schools, workshops, etc.), that you have completed and show dates of each.

Emergency medical tech. level B

List any special skills you may have in the operation of machinery, equipment. Office machines, etc., which you are able to operate in a competent manner.

Class "B" CDL license
Driver license equipment

If job description requires a Chauffeur's Permit or Commercial Drivers License, do you have or would you be able to obtain such a permit? ☒ Yes ☐ No

REFERENCES

List three (3) individuals who know you well enough to give information about your work experience, training, or special skills/abilities for the job you are applying for. Do not include relatives or former supervisors.

Name Joe Bick	How Acquainted Friend
Address 214 railroad st.	
Atalissa	Length of Acquaintance 25 yrs
	Tel. Contact No. 563-649-2578
Name Gene and Vickie Hammons	How Acquainted Friends
Address Atalissa Ia	
	Length of Acquaintance 16 yrs
	Tel. Contact No. 563-649-2541
Name Bill Willson	How Acquainted Fire chief
Address Atalissa Ia	
	Length of Acquaintance 20 yrs
	Tel. Contact No. 563-649-3338

Start with your present or last position and list all previous employment, Include paid and unpaid, full or part-time, military, summer jobs, periods of unemployment, etc.

All information must be included in order for your application to be given full consideration. Resumes may substitute for the description of duties and responsibilities.

If you are currently employed, may we check with your present supervisor? ☐ Yes ☐ No

Name of last employer <u>Town of Johnston</u>		Supervisor's name, title, phone number <u>Richard Steckley cooperatives manager 1-800-321 3891</u>	
Address of last employer <u>rail road</u>		Type of business	Starting date <u>9-97</u> Ending date
Your job title <u>engineer - conductor</u>	Reason for leaving <u>Not enough family time</u>	Starting salary <u>12.80</u>	Ending salary <u>18.69</u>
Full-time <input checked="" type="checkbox"/> Part-time <input type="checkbox"/>	Hours per week <u>55-60</u>	Description of duties and responsibilities <u>Switching rail cars - transporting materials safely work outside year round</u>	
Name of last employer <u>Son Service Co.</u>		Supervisor's name, title, phone number <u>Jerry Anderson 319-627 4241</u>	
Address of last employer		Type of business <u>agriculture</u>	Starting date <u>3-96</u> Ending date <u>4-97</u>
Your job title <u>Custom applicator</u>	Reason for leaving <u>more money</u>	Starting salary <u>7.00</u>	Ending salary <u>8.50</u>
Full-time <input checked="" type="checkbox"/> Part-time <input type="checkbox"/>	Hours per week <u>40-50</u>	Description of duties and responsibilities <u>Spraying row crop - hauling L-p gas - and Diesel fuels</u>	
Name of last employer <u>Louis Rich</u>		Supervisor's name, title, phone number <u>John Murray 319-627 3106</u>	
Address of last employer <u>West Liberty Iowa</u>		Type of business <u>Seed Industry</u>	Starting date <u>6-90</u> Ending date <u>8-95</u>
Your job title <u>Team leader</u>	Reason for leaving <u>plant shut down</u>	Starting salary <u>6.50</u>	Ending salary <u>10.25</u>
Full-time <input checked="" type="checkbox"/> Part-time <input type="checkbox"/>	Hours per week <u>40-42</u>	Description of duties and responsibilities	

PLEASE READ BEFORE SIGNING

I hereby certify that the answers given by me to the questions on this application and statements made are true and correct without omissions of any kind. I understand that employment with the City is contingent upon the results of a physical examination which will be given after a job offer is made, and that a drug screen is required. I also authorize the officials of any educational institution, company, agency, or firm to release any and all information allowed by law and which concerns me relating to my person or work history to the City of Muscatine, Iowa for the purpose of reference and/or background investigation. I am actively seeking employment and am signing this voluntarily and release any individual, partnership, corporation, or agency, their officers, agents, and employees from any liability for issuing such information. A photostatic copy of this authorization is considered valid for the purposes named above.

Signature of Applicant: Mike Arnold

Date: 2-3-06